

Chapter Eight

Preventing and Managing Illness in Infants and Toddlers



Young children, and especially infants, have frequent illnesses, many of which are caused by communicable diseases. They are more vulnerable to illnesses because their immune systems are immature. Studies show that preschool-age children have symptoms of illness one-third to one-half of the days of the year. Infants tend to get sick even more often than older children; for example, they typically have six to ten colds per year. When children enter a new child care setting, they tend to get sick more in the first year. As a program's health consultant, you can expect to spend much of your time assisting with a variety of efforts to prevent and manage illness.

As you work with programs regarding illness, remember these points:

1. All of us do many things each day to prevent and manage communicable diseases—both at home and at work.
2. Child care program staff and families have a variety of experiences, information, fears, and questions about illnesses.
3. Fear, anger, blame, and denial are common responses to illness. People have different beliefs about illnesses and their causes, prevention, and treatment. Everyone involved must demonstrate sensitivity and respect for these beliefs and practices.
4. To prevent and manage illnesses effectively, child care programs need clear health policies, up-to-date information, and sensitive communication among staff, families, and children.

Illness in Young Children—A Fact of Life

Fortunately, there are many resources available to assist you in this important work, and they are referenced at the end of this manual. The following information relates to illness issues specific to children birth-to-three.

As the old saying goes, “an ounce of prevention is worth a pound of cure,” and when it comes to illness in infants, this is especially true. The major illness prevention activities you will want to help programs with include education about vaccine-preventable diseases, exclusion of ill children, and practices to prevent the spread of illness.

Preventing Illness

Education about vaccine-preventable diseases

Licensed child care programs in Washington state are required to maintain immunization records and to follow the childhood immunization recommendations of the Washington State Department of Health. One of the best resources to assist child care providers and families to meet immunization requirements is *Keep on Track* (KOT), an immunization resource and

Preventing Illness continued

tracking system for use in child care programs. The *Keep on Track* book includes:

1. An explanation of the child care provider's role with immunizations;
2. Tools to keep immunization records in order;
3. Tips on communicating with families, plus sample letters;
4. Immunization schedules and Certificate of Immunization Forms;
5. Immunization brochures and magnets for families;
6. Resource and referral information.

Keep on Track books are available at no cost from local health jurisdictions or the Washington State Child Care Resource and Referral Network.

Exclusion of Ill Children

At first glance, excluding children who are ill seems like the easiest and most effective approach to keeping illnesses, especially communicable diseases, to a minimum in child care settings. Anyone who has tried to implement exclusion policies knows how challenging this can be because of the conflicting needs of everyone involved.

1. The families of children who are ill face a dilemma. On the one hand, they are concerned about the needs of their child who is ill, but they may also have job-related concerns. Their perception of whether their child is well enough to attend child care can be influenced by their employer's flexibility, the availability of paid sick leave, work deadlines, and fear of losing a job.
2. Child care providers face several dilemmas. They are concerned about providing the best care to the individual child but also are concerned about preventing the spread of illness to others in their care as well as to the caregivers. Providers are torn between giving the ill child extra attention while also attending to the other children's needs. They often are aware of the families' dilemmas related to missed work and may worry about making correct decisions regarding exclusion. They also face a dilemma when they are willing to take care of an ill child, but feel the child would be more comfortable at home.
3. Health care providers also face a dilemma when a child enrolled in child care is ill. While their first consideration is for what is best for the health of the individual child, the needs of the families, the child care program, and the other children must also be considered. These needs are not always the same, and health care providers often feel pressure to permit the child to return to child care as soon as possible so the family can resume their work responsibilities.

By understanding the needs of children, as well as the varying concerns of families, child care providers, and health care providers, you play an important role in effective approaches to exclusion. Development or review of an existing exclusion policy is a good place to start.

Here are some points to consider when you review an exclusion policy:

- Planning for sick days of children and staff;
- Guidelines for when to keep children home and when they may return to care;
- Who is to contact parents if a child must be sent home.

An important element of an exclusion policy is the observation of children for signs of illness. The practice of a “Daily Health Check” when children arrive at the child care program (and while a family member is still present!) can make it easier to identify a child too ill to be in care. During a quick survey of the infant from head to toe, providers can be attuned to:

1. Activity level;
2. Breathing difficulties;
3. Skin color;
4. Severe coughing;
5. Rashes;
6. Swelling or bruises;
7. Discharge from nose, ears, or eyes;
8. Sores;
9. Odors that might indicate vomiting or diarrhea;
10. General mood (happy, sad, cranky).

Additional suggestions about how to include health checks into daily activities can be found in *Healthy Young Children: A Manual for Programs* and the *Child Care Health Handbook*. (See References and Resources Section).

Exclusion of Ill Children continued

The following vignette is an example of one way a health consultant might respond to varying needs when a child is ill.

An Example of Exclusion

A well-established center had a popular infant room. There always seemed to be a waiting list. The two women who cared for the infants had been there for a long time and were very skilled working with infants and helping the parents with questions. When they noticed one of the infants had red eyes with yellow discharge, they followed the center policy of excluding the infant and referring him to his doctor for evaluation and treatment. The following day, the family returned with a signed note from the doctor stating the infant had a bacterial conjunctivitis and, therefore, was not communicable and could return to childcare. Since the note was from a physician, the staff did not think to question it until some of the other infants began to show the same signs of infection.

When I arrived on the scene for my monthly visit, I was immediately told about the situation. Thankfully, the center had kept the signed note from the doctor, and it did indeed state the information described above! After praising the staff for having initially excluded the infant and then following up with me, I called the Health Department medical advisor to review the communicable disease diagnosis and to verify that bacterial conjunctivitis was highly communicable. Next, I talked with the infant's parents, explained the risks of this illness spreading to others, and asked them to obtain medication or keep their infant at home until all the symptoms had cleared. I also offered to have the health department's medical advisor call the infant's physician, and he was able to explain the implications for other children in the center by allowing the infant to return while still contagious.

An Example of Exclusion

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By this time, other parents were aware that this infection was making the rounds, and the center had some upset individuals! I joined the director at a parent meeting to talk about communicable diseases and the childcare policies regarding treatment and exclusion. All the involved infants received treatment, and the infant room returned to a calmer, healthier state.

Preventing the Spread of Illness

The key to preventing the spread of illness in early childhood programs is to understand why communicable diseases are so easily transmitted in these settings:

1. There is close contact among many children with many germs.
2. Infants explore their environment by touching people and things and by putting their hands, and therefore, germs into their mouths.
3. Infants have immature hygiene practices. They touch their noses, mouths, bottoms, animals, dirt, food, and toys, and often forget to, or aren't able to, wash their hands.
4. Surfaces and objects can carry germs. These include toys, bottles, pacifiers, tabletops, floors, diapering and toileting areas, sinks, doorknobs, water fountains, sandboxes, and water play tables.
5. Staff also spread germs. Studies of early childhood programs show that the surface most likely to carry germs is the caregiver's hands. In meeting the needs of many children, wiping runny noses, changing diapers, assisting with toileting, and handling food, proper hygiene practices are sometimes neglected.

See "Examples of How Diseases Spread," Appendix H.

With all of these opportunities for germs to be passed among children and staff, you will want to work with programs to develop practices that will prevent the spread of illness in the following areas:

1. Handwashing;
2. Diapering/Toileting;
3. Cleaning toys;
4. Handling body fluids, soiled clothing, and bedding;
5. Preparing, handling, and storing bottles and food.

Handwashing

Handwashing is the primary way to prevent the spread of illness.

Encourage handwashing policies which include everyone washing hands when they arrive at the child care site, after sneezing or coughing, after wiping noses, after handling pets, after diapering, and after toileting. Staff should wash hands after smoking (if smoking is allowed). All should wash before food preparation and meals.

The handwashing facilities should be supplied with running water, adequate soap, and paper towels. If cloth towels are used, each person should have their own towel which is washed daily.

Diapering/Toileting

Diapering and helping toddlers with toileting involve distinct risks to the child care environment. Since the changing area is one of the places where germs which cause disease are most likely to live and spread, these activities must be handled with extreme care and attention to sanitation.

Remind staff they should never wash or rinse diapers or clothes soiled with stool in the child care setting, even though families may request this to avoid staining. The risk of splashing and contamination of hands, sinks, and bathroom surfaces when rinsing increases the chance of germs being spread to others. All soiled clothing should be put in a plastic bag, securely closed, and sent home with the child without rinsing (staff may dump solid stool into a toilet).

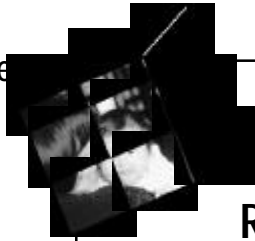
Preventing the Spread of Illness
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Caregiver Tip The Diapering Area

The health and safety of infants in child care demand that diapering be carried out in an environment that has been carefully planned. These are some important guidelines about the diapering area that should be remembered:

1. Use the area only for diapering.
2. Set up the diapering area as far away as possible from any food handling area.
3. Provide running water so hands can be washed immediately after a diaper is changed. Ideally, a diaper changing area should be within arm's reach of a sink.
4. Construct a flat and safe diapering surface high enough so it doesn't place extra stress on caregivers' backs.
5. Be sure this surface is clean, waterproof, and free of cracks or crevices. A good pad on the surface with a waterproof cover is more comfortable for the child.
6. Cover the surface with a disposable cover. Use inexpensive materials such as paper bags, used computer paper (on the "wrong" side), rolls of paper, etc. or buy disposable squares from discount medical supply companies.
7. Keep all creams, lotions, and cleaning items out of the reach of children, but within the caregiver's reach.
8. Add a guard rail at least three inches high as an extra safety measure.
9. Do not allow family members to change diapers anywhere but the diapering area.

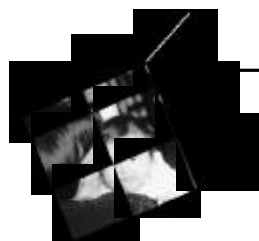


Caregiver Tip

Recommended Procedure for Diapering a Child

Diaper-changing procedures and posters are available from a variety of the resources listed in this manual. The following are the essential steps that should be included:

1. Organize needed supplies within reach.
2. If desired, place a disposable covering (such as roll paper) on the portion of the diapering table where you will place the child's bottom.
3. If using gloves, put them on now.
4. Using only your hands, pick up the child. Do not cradle the child in your arms and risk soiling your clothing. Provide steps up to the changing area for older children.
5. Lay the child on the diaper-changing surface.
6. Remove soiled diaper (and soiled clothes). Put disposable diapers in a plastic-lined trash receptacle with a foot controlled lid opener.
7. Put soiled, reusable diaper and/or soiled clothes without rinsing in a plastic bag securely closed to send home. Remove rubber pants/cloth covers and diapers as a single unit.
8. Clean child's bottom with a premoistened, disposable towelette or a dampened, single-use, disposable towel.
9. Place the soiled towelette or towel in a plastic-lined trash receptacle with a foot controlled lid opener.
10. If the child needs a more thorough washing, use soap, running water, and paper towels.
11. Remove the disposable covering from beneath the child. Discard it in a plastic-lined receptacle with a foot controlled lid opener.
12. If you are wearing gloves, remove (without letting your hands come in contact with the outside of the gloves) and dispose of them now in a plastic-lined receptacle with a foot controlled lid opener.
13. Wash the infant's hands under running water or with a premoistened, disposable towelette.
14. Diaper and dress the child.
15. Return the child to the activity area.
16. Clean and disinfect the diapering area, all equipment or supplies that were touched, and soiled crib or cot, if needed.
17. Wash your hands under running water.



Caregiver Tip

Using Toilet-Training Equipment

The use of potty chairs in the child care setting should be discouraged. Potty chairs are difficult to keep clean and out of the reach of children. Small, flushable toilets or modified toilet seats and step aids are preferable. The proposed health and safety regulations for child care indicate that centers should not use potty chairs at all.

If potty chairs are used for toilet training, they should be used only in a bathroom area and out of reach of toilets or other potty chairs. After each use of a potty chair, staff should:

1. If staff use gloves, they should put them on, then empty the contents into a toilet, being careful not to splash or touch the water in the toilet.
2. Rinse the potty chair with water and empty into toilet.
3. Wash the chair with soap and water. Consider using paper towels or disposable mop. Empty soapy water into toilet.
4. Rinse again. Empty into toilet and flush. Remove gloves without letting hands come in contact with the outside of the gloves.
5. Spray potty with bleach solution.
6. Air dry.
7. Wash and disinfect sink.
8. Wash hands and assist children in washing their hands.

Preventing the Spread of Illness
continued

Cleaning Toys

Because infants and toddlers explore their world with their mouths as well as hands and feet, and eyes and ears, keeping toys clean is a challenge. Cleaning toys between children using them is an important step in preventing the spread of illness in group settings.

Toys need to be cleaned and sanitized on-site and frequently. Many programs have small plastic bins around the infant and toddlers rooms where toys can be placed if they have been put in mouths. These toys should then be placed in the dishwasher or washed with soap and water, rinsed, and sanitized with a bleach solution. After air drying they can be returned to the play area.

Handling body fluids, Soiled Clothing and Bedding

When you work in a child care program, it's a fact of life that you may have contact with body fluids. Child care sites are required to have a policy that addresses blood borne pathogens and must document training of their staff on blood borne pathogens. Please refer to the Washington State Administrative Code (WAC) for specifics on this requirement for child care.

Preventing the Spread of Illness continued

As a consultant, you may be requested to review the policies for child care. The following are general guidelines for handling these contacts with body fluid:

- If you suspect contact with body fluid, wash that part of your body that may have come in contact with the fluid, even if you are not sure you had contact.
- If your clothing becomes soiled with body fluids, put on a fresh set of clothing. Wear an apron to protect your clothing. Store any clothing or material that has become soiled with body fluids out of reach of children until they can be laundered. If it is children's clothing, put in a plastic bag and send home at the end of the day.
- Try to use clean, disposable gloves if you expect to come in contact with body fluids. Throw away gloves in a plastic bag when done. Wash your hands.
- If you forget, or if it is an emergency, wash the parts of your body exposed to body fluids with soap and water. This will reduce any risk of infection.
- If staff or a child has an open sore, it is important to keep it covered.
- If a hard surface floor is soiled, blot up fluid and mop or wipe with a germicidal detergent. (Make sure it is safe to use on the floor.)
- If a rug is soiled, use a sanitary absorbent powder, let dry and vacuum. Wear gloves and blot up as much of the spill as possible and use a germicidal rug shampoo to clean.
- To clean potty chairs or the toilet, wear gloves, pour the contents of the potty chair down the toilet, and scrub out potty chair or toilet with a disinfecting cleaner. Soak brushes and sponges used to clean toilets and/or potty chairs in disinfectant and rinse.
- Always wash hands, even if they were gloved.

Adapted from Public Health - Seattle and King County, Pamphlet: "Handling Body Fluids: Guidelines for Child Care Facilities," Feb 1994.

Preparing, Handling, and Storing Bottles and Food

All food safety procedures must be used when handling foods, formula, and breast milk for infants and toddlers. Food can be a primary source of illness if handled incorrectly. All staff should have a valid food handler's card. Hands must be washed before preparing bottles or food. Preparation surfaces and equipment must also be sanitized. Bottles are mixed or filled "on-demand" and used immediately. No partially filled bottles will be reheated and reserved if they have been out of the refrigerator for one hour or more.

Bottles of prepared formula and/or breast milk must be dated and labelled with child's name and will not be used after 12 hours, even if properly refrigerated. Frozen breastmilk can be stored at the child care site with the approval of the director. It should be thawed by using warm water.

Baby food should never be fed from the jar. It should always be placed in a separate bowl and the uneaten portion discarded. Opened food jars will be kept no longer than 24 hours.

Microwave use has become popular, but food and bottles should never be heated in a microwave. Uneven heating can create "hot spots" or pressure causing scalding or serious burns.

Managing Illness

As explained earlier in this chapter, illness is inevitable during the first three years of life. Even with the most careful implementation of exemplary health policies and practices, you can expect the programs you work with to need your help to manage illness in their settings. As with prevention information, numerous resources are available to help you with this task. Some of the conditions more typical for infants will be reviewed here. For comprehensive information about early childhood illnesses and implications for child care programs, refer to the variety of resources listed at the end of the manual.

Common Conditions of Infants

There are a number of conditions most commonly seen in infants that, while usually not a communicable disease concern, are a source of questions and challenges in child care settings. The following information will help prepare you for typical concerns of infant caregivers.

Runny Noses

Runny noses are very common in infants. Often they are symptoms of a viral upper respiratory illness, but young children will also have runny noses during crying, teething, and sometimes after lots of activity. Some children have runny noses because they use nose drops for too long. Nose drops should never be used for longer than five days if they contain a decongestant. You will hear varying opinions about whether infants should be excluded from care when they have nasal discharge. In general, a runny nose alone does not warrant referral to a health care provider or exclusion from child care unless:

1. The child is so uncomfortable she/he cannot participate in typical child care activities.
2. There is a smelly discharge on one side of the nose and it is a color other than white or yellow (may be a result of something like a pea or bean inserted in the nose).
3. It is accompanied by other symptoms such as fever over 101°F. (axillary), sore throat, ear pain, cough, or difficulty breathing.

Infant Rashes

There are two very common kinds of infant rashes: milia and heat rash. One is on the face (milia) and the other is on any part of the body (heat rash). Milia, the small white bumps over the forehead, nose, and cheeks commonly seen on newborns and very young infants go away eventually and are harmless. The small red bumps of heat rash, usually in the skin fold areas of the neck and upper chest, may result if an infant is bundled too much. The harmless rash quickly goes away once the infant is unbundled.

Seborrhea (Cradle Cap)

Cradle cap happens when oil glands in the scalp become overactive causing thick, oily, yellow, scaling patches on the infant's scalp. Frequently, there also are very small bumps on the infant's forehead and behind the ears. Although it is not attractive looking, it is not harmful to the infant. It can be treated by using a soft scrub brush to wash the scalp once a day. Sometimes it helps to put a little oil on the scalp, let it soak in for about 15 minutes, and then completely wash off the oil. If oil is left on the scalp, the cradle cap will get worse.

Vomiting

Some infants vomit easily. There are a variety of reasons, such as illness, excitement, motion sickness, or even for no obvious reason. However, advise programs that any vomiting infant should be separated from other children and monitored closely for signs of dehydration. See Caregiver Tip, "When to Contact a Child's Family."

Managing Illness

continued

Croup

Croup is a respiratory problem most common in children two to four years of age. It may accompany a viral infection and last one to seven days. The main symptom, caused by swelling of the airway, is a harsh cough that sounds like a seal's bark. Croup usually gets worse at night, but if the symptoms occur while the child is in care, the provider should contact the family so the child can be cared for at home. Until the family arrives, providers can do the following to help the child be more comfortable:

- Stay calm. The child is already frightened and needs reassurance.
- Get moisture into the air to make it easier for the child to breathe.
- Bundle up and take the child outside for a walk in the cool, fresh air. Cool, moist air is best.
- If the child starts crying, this may be a positive sign that he is breathing more normally.
- Medical care is needed immediately if these signs of respiratory distress appear:
 - * Squeaky or raspy sound as child inhales (stridor);
 - * Sucking in or retraction between ribs as child inhales;
 - * Flaring nostrils;
 - * If the child is so short of breath that she can't walk or talk;
 - * If the child drools or is breathing with the chin jutting out and the mouth open;
 - * If the child has a fever of 102° F. or higher.

Common Illnesses of Infants and Exclusion Policies

It is likely that infant programs will consult with you about these illnesses at one point or another.

- Chicken Pox
- Diarrheal illnesses
- Cytomegalovirus
- Fifth's Disease
- Influenza
- Hand, Foot, Mouth Disease (Coxsackie A)
- Hepatitis A
- Impetigo
- Meningitis
- Conjunctivitis
- Roseola Infantum
- Respiratory Syncytial Virus
- Molluscum contagiosum
- Strep throat
- Pertussis (whooping cough)
- Ringworm
- Thrush
- Lice

The reference books, communicable disease contact at your local health jurisdiction, and websites listed at the end of this manual will provide you with the most current information to help you advise programs when any of these illnesses occur. Regardless of the condition, your expertise may be needed to help programs:

1. Enforce and possibly modify their exclusion policies;
2. Prepare exposure notices for families;
3. Coordinate with the local health jurisdiction/district communicable disease program.
4. Reinforce practices to prevent the spread of illness;
5. Recognize that illnesses occur in early childhood and placing blame on themselves, families, or health care providers is not helpful.

Managing Illness continued



Caregiver Tip When to Contact a Child's Family

If any of the following conditions exist, the family should be contacted, as the child may need to be seen by a health care provider.

1. Child has a fever.
2. Vomiting occurs more than twice in one day.
3. Child also has diarrhea.
4. Vomiting occurs more than once after a head injury.
5. Child has stomach pains and is bloated.
6. Vomit contains blood, looks black or dark green.
7. Child is lethargic.
8. Child has pain when voiding.

A major concern for infants who vomit repeatedly is the danger of dehydration. Remind caregivers of the signs of dehydration:

- Child does not pee or wet diaper for six hours.
- Tongue, lips, inside of mouth dry.
- No tears when child cries.
- Dry skin.
- Sunken eyes, sunken soft spot on infant's head.
- Listlessness.

The program's exclusion policies need to include procedures for notification of the family if the child has signs of dehydration and the requirement that the child be seen by a health care provider that day to be re-admitted to child care.



Incorporating this Chapter into Your Practice

- Provide staff with activities to teach toddlers about washing hands.
- Encourage staff to wash infants' hands after diaper changing as well as their own hands, even if using gloves.
- Provide “*Diaper Changing Procedures*” and “*Hand Washing*” (English and Spanish) posters to be posted at all sinks and diapering areas. (See References and Resources.)
- Use many of the colorful posters and pamphlets from the Department of Health’s Health Promotion Catalog to share with both child care providers and the parents of children in child care.
- If you don’t already have one, obtain a *Keep on Track* kit from your local health jurisdiction or Washington State Child Care Resource and Referral Network.
- Obtain (or copy) the “*Keep Me Home If . . .*” poster from Public Health of Seattle and King County and share it with the programs in your practice.
- Check with the communicable disease program of your local health jurisdiction for a list of reportable communicable diseases and share the list with the programs in your practice (see Appendix H).
- Review child care facilities' medication administration policies and forms and suggest revisions as needed (see Appendix H).
- Provide or coordinate Blood-borne Pathogen training for staff.
- Provide or coordinate Infant and Toddler first aid classes for staff.